



THE HAMPDEN HIPPOCRAT

The Hampden District Medical Society Newsletter

Spring 2002 VOLUME 7

page 1

President's Address:

What we should learn from ENRON.

The collapse of ENRON came only after the discovery and exposure of its unethical, if not unlawful, practices. As a result, business and industry are in turmoil, and corporations are distancing themselves from Arthur Anderson so as not to be held suspect. Many feel that the ENRON fiasco is not a new and unique twist to the corporate business world - just that it is the first time such a calamity has been exposed to such financial and personal magnitude that it could not be ignored.

There is a tremendous push for major reform of business management, energy policy, administration of retirement plans, and accounting practices and responsibility. Behind this push are politicians, advocacy groups, and corporation employees. There are cries insisting for change to protect the financial futures of America's workers.

Our memories are short. It was just over two years ago that physicians and patients in Massachusetts, Maine, New Hampshire and Rhode Island saw first hand what can happen through accounting errors as Harvard-Pilgrim was found to be at the brink of bankruptcy. As a result, the state government had to step in.

I do not mean or want to imply that the errors that led to state receivership of an HMO were intentional calculations - mistakes do happen. My point is, when there is a problem, some people want to fix it. When there is a big problem, everyone wants to fix it. When there is a really big problem, sometimes it actually gets fixed.

And we have a really big problem.

There are escalating malpractice rates. The operational costs of medical practice also continue to rise, as does the cost of living. The fact is, all monetary aspects of medical practice are steadily rising except reimbursements for providing care. The Massachusetts Medical Society's 2001 Medical Environment Practice Index continues an eight-year slide by 5.7%. Since 1992, the index has dropped 22.5%. We have heard this story before.

Unfortunately, most of the people in the state and our country don't see these facts as a really big problem. In HMO surveys, patients routinely rank themselves mostly or very satisfied with their physician(s) and their care. As a result, they are mostly or very satisfied with the HMO. Simple - all is well in their minds.

Even if patients know what is involved in maintaining medical knowledge and skills, what manpower and money it takes to operate a medical practice, what degree of the deep discounts physicians bear on HMO payments, it probably won't help. Even if they know about the inner workings of insurance companies and HMOs, about the high administrative to medical cost ratios, and about the inconsistencies in definitions of "medical necessity", it probably won't matter.

It won't help and it won't matter because of human nature. Physicians continue to provide care, patients get what they want and need, and they are satisfied. They may sympathize with our plight, but will they rally to our cause and insist on reform? Will they support a change in tort reform and malpractice award limits? Will they champion a drive to revise ridiculous fee schedules? Will they demand that physicians be allowed to perform as any other profession or business can in a free market economy? I would hope so, but I have come to think not.

We may have to wait for the absolute collapse of the healthcare system. As physicians flee the state for less hostile climates, retire early, or seek new professions, our numbers dwindle. It will not be long before people realize there are not enough physicians to care for them and to treat the sick. People will suffer, and some may die unnecessarily. Maybe then an uproar will be heard for change and reform.

Simply put, medical practice is rapidly becoming economically unfeasible. There is no question that physicians should be well compensated for the skills we have trained so long to master. The question we now ask ourselves is "How low an income can we accept for the level of work we contribute?" "What is the threshold that will make us leave the state or medicine entirely?"

On the first day of medical school, in a lecture hall full of apprehensive students, I was told to look at the person on my left and then my right. Then was told, "Chances are one of those people won't be here in four years."

Look to your left.

Irony, isn't it?

James K. Wang, M.D., President 2001-2002

2001-2002 COMMITTEE REPORTS

EXECUTIVE COMMITTEE

Meetings

- Monthly meetings of the Executive Committee were held with Dr. James Wang, President, presiding. Dr. Wang and Ms. Skibinski, the Executive Director prepared agendas.
- The Annual Meeting of the HDMS was held on April 17th at the Delaney House. Dr. Jeffrey Drazen, Editor-in-Chief of the New England Journal of Medicine was the primary speaker, and Dr. Jay Ungar gave a demonstration of his magic.
- The Fall District Meeting was held on September 25, 2001 at the Log Cabin. The speaker was Susan Keene Baker. Total attendance was 158, with 91 physicians, and 67 office staff.
- The Winter District Meeting was held on January 22, 2002. Dr. Yank D. Coble, Jr., AMA president-elect was the guest speaker for the evening. Approximately 85 members attended.

Budget

- The Executive Committee reviewed and approved the annual budget for fiscal year 2001-2002.

Events

- Legislative Breakfast was held May 18, 2001 with 40 physicians and 10 legislators or aides attending.
- The Seventeenth Annual Medical Ethics Seminar was held at Mercy Hospital Deliso Center on October 22, 2001. The topic was "Ethical Considerations in Healthcare Policy." Senator Richard T. Moore, Senate Healthcare Committee Chair was the keynote speaker. Approximately 160 people attended. It was the first year that Hampden District Members attended free of charge.
- In response to the terrorist attacks of September 11th, and the anthrax outbreaks, which occurred in the following months, the Executive Committee, led by Dr. Wang, put together a seminar entitled "Bioterrorism in the Office: What Every Clinician Must Know." Approximately 200 people attended the full day seminar on December 12th, 2001 at the Best Western Sovereign Hotel.
- The Medico-Legal Forum was held on March 5, 2002 at the Delaney House. Tim Norbeck, Executive Director of the Connecticut State Medical Society, and Gregory Pepe, Esquire, of Neubert, Pepe & Monteith, were the keynote speakers for the presentation entitled, "Class Actions Against HMO: Pros & Cons". Approximately 80 were in attendance, twenty-six being members of the Hampden County Bar Association.

Awards and Scholarships

- The District "Oliver Wendell Holmes Stethoscope Award" was presented to Dr. Carl Reiner at the Fall District Meeting.
- Dr. James Wang was selected to receive the "Community Physician of the Year" award from the district.
- Hampden District awarded one \$1,000 scholarship and four loans of \$1,000. Nine students repaid their loans in full this past year.
- Due to the diligent efforts of Ms. Skibinski, the Dr. Max and Ida Millman Scholarship fund has been re-invigorated.
- In response to the September 11th attacks, HDMS created a World Trade Center/Pentagon Fund, and received over \$28,000 in donations from members and the general public. HDMS filed for 501-C3 tax-exempt status. The money was divided between the Children's Aid Society's New York Kids in Need Fund, Robin Hood Relief Fund, Survivors' Fund of the Community Foundation of the National Capitol Region and the World Trade Center Port Authority Memorial Charity.

Publications

- Hampden Hippocrat newsletter is our primary publication. It was published three times this year.

Respectfully Submitted,
Heather Z. Sankey, MD, Secretary

BYLAWS COMMITTEE

There were not any changes made to the HDMS Bylaws this past year.

Respectfully submitted by,
Mark M. Sherman, M.D., Chair

LEGISLATIVE COMMITTEE

In contrast to the previous legislative session, which resulted in enactment of significant patient protection legislation championed by the Massachusetts Medical Society, the most recent year was characterized

by almost complete legislative standstill because of the long delay in passage of the state budget. Not only did the protracted and exhausting battle over the budget push everything else off the table, but it also took its toll on funding for many health related programs. Among the casualties: the Medicare/Medicaid "cross-over" supplementary payment, which partially compensated physicians who take care of patients dually eligible for Medicare and Medicaid. Despite an intense effort by Massachusetts's physicians and the Massachusetts Medical Society, efforts to restore this payment failed to persuade either the conference committee or the Governor.

At the Federal level, the Center for Medicare and Medicaid Services (CMS) announced a 5.4% cut in Medicare physician payments for 2002, the fourth in ten years. Bills were introduced in both Houses of Congress to reduce the cut to 0.9%, and direct the Medicare Payment Advisory Commission (MedPAC) to recommend changes to ensure adequate physician payments in the future. Many congressmen and senators, including those representing Massachusetts, expressed support for these bills. Unfortunately, the wrangling over economic stimulus overshadowed this legislation, and efforts to bring it forward were not successful.

For the coming year, the Massachusetts Medical Society will place special emphasis on increasing legislative and regulatory agency awareness of the following:

- The impact on physician recruitment and retention of the increasingly hostile environment in the Commonwealth this population.
- The detrimental effect on health care programming of diversion of the tobacco settlement funds to the general treasury.
- The looming crisis in accessibility to care resulting from closure of general hospitals as well as nursing homes and long-term care facilities.

Of major importance to all providers of medical care, but not yet fully on the radar screen of many providers, is that the Center for Medicare and Medicaid Services has published the final version of the patient privacy protection provisions required by the Health Insurance Portability and Accountability Act in April, 2001. These regulations, which will likely have a profound impact on medical practices, are scheduled to become effective on April 1, 2003, in the case of larger organizations; and April 1, 2004, for smaller groups. The Massachusetts Medical Society is gearing up to be able to provide assistance to physicians in the process of coming into compliance. In order that medicine have an effective voice on Beacon Hill, as well as at the national level, physicians must make an on-going commitment to be active. This must be both at the individual and the Society level. The annual legislative breakfast sponsored by the Hampden District Medical Society, this year held in April, provides a useful forum for such interaction. There is no substitute, however, for continuing, recurring interaction on the part of individual physicians.

Respectfully submitted,
Stephen A. Metz, M.D., Chair

MEDICO-LEGAL COMMITTEE

The Ninth Annual Medico-Legal Forum for physicians and attorneys, Class Actions against HMO: Pros and Cons, cosponsored with the Hampden County Bar Association and Holyoke Hospital, was held March 5, 2002 at the Delaney House.

Tim Norbeck, Executive Director of the Connecticut State Medical Society and Attorney Gregory J. Pepe of the Hartford law firm, Neubert, Pepe & Monteith were the keynote speakers. The program focused on managed care and the Connecticut Medical Society's class action lawsuits. Attorney John G. Bagley, Co-Chair of the Medico-Legal Committee was moderator.

Mr. Norbeck explained the difficult practice environment for physicians in Connecticut, Massachusetts and throughout the country. He informed the participants of the current class action litigation commenced by medical societies around the country and discussed the various options available to physicians in countering these challenges. Charlie Alagero of Government Services at the Massachusetts Medical Society was on hand to answer questions as to what the Society is doing in regards to this issue.

(Mr. Norbeck's speech may be read in its entirety on page 7)

Respectfully submitted,
Mark J. Mullan, M.D., Chair

PHYSICIANS, OFFICE MANAGERS, BILLING SUPERVISORS
HAMPDEN DISTRICT MEDICAL SOCIETY
ANNUAL MEETING

Tuesday, May 14, 2002

HIPAA

The Next Compliance Challenge

Presented by:

Renee E. Broadbent

President, RLB Consulting Solutions, Inc.

Saliha Khaja, Esquire

Massachusetts Medical Society

****CME Credit/Accreditation
Risk Management Study**

Objectives

Participant should be able to:

1. Discuss the HIPAA Privacy and Security regulations and the impact they'll have on practices.
2. Discuss what should be done now to prepare for HIPAA compliance.
3. Discuss step-by-step instructions for implementing HIPAA Privacy in the practice, including development and implementation of:

The privacy statement, notice of practice's privacy statement to patients, policies and forms related to patient consent for use and authorization for disclosure, information to be disclosed including "de-identification" and "minimum necessary" requirements, patient's rights, practice's right to deny patient's request, business associate contracts, and personnel training requirements and recommendations.

Jointly Sponsored by
Hampden District Medical Society and
Mercy Medical Center

**** Mercy Medical Center designates this educational activity for a maximum of 1.5 HOURS IN CATEGORY 1 towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity. This program meets the criteria of the Massachusetts Board of Registration in Medicine for Risk Management. Mercy Medical Center is accredited by the Massachusetts Medical Society to sponsor continuing medical education for physicians.**

Place: The Delaney House

Time: 6:30 p.m.

Route 5, at Smith's Ferry, Holyoke

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

No Charge for Hampden Members

Guests/Office Staff: \$35.00 Fee

Member _____ Address _____ Phone _____ Fax _____

Guest _____ Address _____ Phone _____ Fax _____

Meal Preference: ☐ Beef ☐ Chicken ☐ Fish ☐ Vegetarian

**Refund will only be made for cancellation of prepaid dinner reservations if received by 5/13/2002 at the HDMS office 736-0661.
Limited space, please respond by Friday, May 10, 2002.*

Mail checks to: Hampden District Medical Society
1111 Elm Street, Ste 22
West Springfield, MA 01089-1549

MEDICO-RELIGIOUS COMMITTEE

The "Seventeenth Annual Medical Ethics Seminar", titled, "Ethical Considerations in Healthcare Policy", was held at Mercy Medical Center, the Deliso Conference Center on Monday, October 22, 2001. Keynote speaker was Senator Richard T. Moore, Senate Healthcare Committee Chair, for the Commonwealth of Massachusetts. The program informed attendees of key issues affecting access, affordability and quality of healthcare services, and described the ethical ramifications of selected public health challenges in the state. Over one hundred and sixty people attended.

Respectfully submitted,
Winthrop F. Whitcomb, M.D.

MEMBERSHIP COMMITTEE

In 2001-2002, we added seventy-one new members to the roster of the Hampden District Medical Society. Ten of our members have advanced to senior status. Five members resigned, twenty-seven members transferred-out, twenty-seven members were deprived, of which 11 were reinstated, and four of our members passed away. As of March 31, 2002, five hundred fifteen regular physicians, twenty-four 1st year physicians, twenty-six joint members, fifty-four residents, one hundred thirty-one seniors, and three students are members of our District Society. Total membership is 753. Recruitment of new members is an ongoing activity, but the assistance of our members in the recruitment effort is greatly appreciated. So, we ask that you please speak to prospective members today and encourage them to join us.

Respectfully submitted,
Robert V. Chircop, M.D., Chair

PUBLICATIONS

The Hampden Hippocrat newsletter was published three times this year.

Respectfully submitted,
K.V.R. Mohan Rao, M.D. and Dennis S. Gordan, M.D.
Editors, Hampden Hippocrat 2001-2002

PUBLIC HEALTH COMMITTEE

Since our last report we have had seven meetings. The Committee consists of eleven members: Drs. Riley, Gates, Hellerman, Pacosa, Sheffield, Barnshaw, Chorowski, Sullivan and Levy. Ms. Stanley and Canning represent the Springfield Public Health Dept. Dr. Riley chaired the Committee for the first three meetings and has served this committee ably for many years. His knowledge of the political landscape and his humor will be missed. Thanks Dr. Riley.

Through the year we followed a number of issues:

- 1.) Lack of fluoridation continues to be an issue. Springfield has the highest rate of dental cavities in the Northeast, however, Ms. Caulton Harris, our Commissioner of Public Health, has felt the political climate was not right to push for fluoridation. Dr. Gates noted studies have shown fluoridation helps protect teeth and decreases arteriosclerosis and osteoporosis. A water filter is available to remove the fluoride.
- 2) Lack of medical insurance coverage and under coverage for many continue to be major issues. The committee has liaison with Mass-Care, which advocates for a Single Payer Universal Care Program, and with the Senior Action Council which advocates for programs that help seniors, to monitor and advocate for a better health system. See www.state.ma.us/healthcare for a report of the Governor's task force.
- (3) The committee monitored the strike of French physicians.
- 4) The committee reviewed local access problems and made recommendations to the exec committee."

The committee continues to monitor and advocate for, improvements in sex education in schools; efforts to educate about and decrease the incidence of, adolescent obesity; institution of clean needle exchange; education about the problem of substance abuse in teenagers; preparedness for flu epidemics and bioterrorism; improvement in the provision of mental health services

Respectfully submitted,
H. Douglas Barnshaw, M.D., Acting Chair

SCHOLARSHIP COMMITTEE

This year, the Scholarship Committee awarded one medical student, University of Health Sciences College student, Jonathan Abel with an outright scholarship in the amount of \$1000.00.

For a student to be eligible for a scholarship, the student must be enrolled in an accredited medical school, have good grades and is a resident of Hampden County in Massachusetts.

Request for scholarship application forms for the 2002-2003 school year are being filled now. If you know any deserving student, please call the Society at 736-0661 and we will mail them the application. The deadline for returning completed applications is September 1, 2002. Contributions to the Hampden District Medical Society Scholarship Fund would be most welcome...Through your generosity; HDMS will be able to continue helping medical students.

DR. MAX & IDA L. MILLMAN FOUNDATION

Medical students have the opportunity to apply for scholarship loans through The Dr. Max and Ida L. Millman Foundation. This year, four students received a scholarship loan in the amount of \$1000.00 each. The students are UMASS Medical School students, Ryan Bassette, Kristina Galarneau and Hemant Gupta, and Georgetown University School of Medicine student, Kevin Curran.

Once our students have finished their schooling and training and become practicing physicians, they must begin to pay on their loans. This year, nine of our former students have repaid their loan in full and the Foundation received a generous donation of \$1000.00. These monies have been added to the base fund established by the Millman family in 1977. The interest earned from this fund provides the monies for scholarship loans to our deserving students.

Respectfully submitted,
Bernard Bloom, M.D., Chair

Tax Supported Committee

The Tax-Supported Medical Care Committee met six times in the last year, although scheduling conflicts kept Hampden's delegates from attending several meetings. Dr. Lebow was re-elected chair of the committee. In its role an advisor to the House of Delegates regarding government-funded programs, the Committee heard from multiple state and federal officials, and provided physician feedback to them. It also advised the HOD about various House resolutions submitted to it for review. It continues ongoing liaison with National Heritage Insurance Company (the Medicare intermediary), the Department of Medical Assistance (for Medicaid), including its handling of mental health issues, and the Department of Public Health, tracking and attempting to resolve issues of coverage, reimbursement, and other topics of import to physicians.

Respectfully submitted,
Dennis S. Gordan, M.D., Chair

Obituaries

Lewis W. Whiting

May 3, 1911 – February 26, 2002

Born in Ohio, Doctor Whiting received his education from Oberlin College and Case Western Reserve University Medical School. He served as a Captain in the US Army from 1944-47, and was a surgeon in Europe. He was a 52-year member of the Massachusetts Medical Society and the Hampden District Medical Society where he served on the Public Health Committee for several years. He was Chief of Surgery and President of the Medical Staff at Wesson Memorial Hospital. He is survived by his wife of 60 years, three daughters and a son, Lawrence R. Whiting, MD, who is a Worcester physician. Memorial donations can be made to the Unitarian Universalist Society of Greater Springfield Scholarship Fund, 245 Porter Lake Drive, Springfield, MA 01106.

Vivian M. Purdy

1915 - 2002

Vivian M. Purdy, 87, died in Wilbraham on March 27, 2002. She was the Executive Secretary of the HDMS from 1961 – 1983 and Managing Editor of the Hampden Hippocrat from 1977 – 1983. Mrs. Purdy was an Associate Member of the AMA, member of the American Associates of Medical Society Executives, serving on its Board of Directors from 1974 – 1983, and a member of its Board of Editors for the publication, "The Executive". Memorial contributions may be made to the Shriners Hospital, 516 Carew Street, Springfield, MA 01104-2396.

The Hampden District Medical Society's Nomination Committee respectfully presents the following nominations of members for elected positions. Membership vote to be held at the Annual District meeting, May 14, 2002.

The following nominations were presented to the Executive Committee on April 10, 2002 for the Committee's review as required by the HDMS Bylaws 7.07.

The 2002-2003 Hampden District Medical Society's nomination for officers and delegates is as follows:

OFFICERS

President: Dennis S. Gordan, M.D.
Secretary: Claudia L. Koppelman, M.D.
President Elect: Heather Z. Sankey, M.D.
Vice President: Stephen A. Metz, M.D.
Treasurer: Maura Jo Brennan, M.D.

DELEGATES

- | | | |
|------------------------------|--------------------------------|-----------------------------|
| 1. Richard P. Anderson, M.D. | 11. Francis D. Horrigan, M.D. | 21. K.V.R. Mohan Rao, M.D. |
| 2. Augusto G. Asinas, M.D. | 12. Jeffrey L. Kaufman, M.D. | 22. Francis J. Riley, M.D. |
| 3. Maura Jo Brennan, M.D. | 13. Claudia L. Koppelman, M.D. | 23. Alicia O.M. Ross, M.D. |
| 4. Richard R. Forest, M.D. | 14. Matthew B. Mandel, M.D. | 24. Heather Z. Sankey, M.D. |
| 5. Julia Gates, M.D. | 15. Zubeena M. Mateen, M.D. | 25. Walter F. Tauber, M.D. |
| 6. Daniel P. George, M.D. | 16. Stephen A. Metz, M.D. | 26. James K. Wang, M.D. |
| 7. Stanley Glasser, M.D. | 17. Maria Mouthinho, M.D. | 27. Murray Watnick, M.D. |
| 8. Stephen V. Hall, M.D. | 18. Mark J. Mullan, M.D. | 28. Sun-Tien Lin, M.D. |
| 9. George Hartnell, M.D. | 19. Sarah H. Mullan, M.D. | |
| 10. Samuel Hellerman, M.D. | 20. Kollegal S. Murthy, M.D. | |

EX-OFFICIO DELEGATES

Dennis S. Gordan, M.D., *President, Hampden District Medical Society*
James Siragusa, M.D., *Past President, Massachusetts Medical Society*

EXECUTIVE COMMITTEE

1. Lucy A. Bayer, M.D. to 2005
2. Jennifer A. Hollowell, M.D. to 2005

MASSACHUSETTS MEDICAL SOCIETY COMMITTEES:

Committee on Legislation:	Stephen A. Metz, M.D.
Alternate:	Jeffrey L. Kaufman, M.D.
Committee on Membership:	Alicia M. Ross, M.D.
Committee on Nominations:	Mark J. Mullan, M.D.
Alternate:	Claudia L. Koppelman, M.D.
Committee on Tax-Supported Medical Care:	Dennis S. Gordan, M.D.
Alternate:	Savvas Papazoglu, M.D.

NOMINATING COMMITTEE:

Mark J. Mullan, M.D.	2000-2003
Jeffrey L. Kaufman, M.D.	2001-2004
Maria Moutinho, M.D.	2002-2005

This report is submitted by the 2002 Nominating Committee: Charles W. Cahill, M.D. Chairperson
Mark J. Mullan, M.D.
Jeffrey L. Kaufman, M.D.

2001-2002 MMS/HDMS

Community Clinician of the Year

James K. Wang, M.D. has been named as 2001-2002 Community Clinician of the Year which honors physicians who have made exceptional contributions to the practice of medicine and to their patients in their own communities. Doctor Wang will accept this award at the Annual Meeting on May 14th, 2002.

Congratulations, Doctor Wang!



A Letter of Nomination from a "Special Patient".

For "2002 Clinician of the Year", I should like to nominate a very caring, sensitive and dedicated OB/GYN, Dr. James Wang of Westfield's Women's Health Associates. It has been not only my good fortune, but also the fortune of many that such a compassionate Doctor still exists in our world. He treats each individual's needs as if they affect him personally.

I have been greatly affected by his compassion, and empathy throughout the last 10 years of devastating personal loss, due to the miscarriages that I have gone through. I found renewed strength when I believed that I had none left and hope when I could hope no more.

One particular office visit looms large in my memory. I had been given -yet again- the news of an impending spontaneous abortion. This was so intense I could not contain the pain that in the past I was able to keep in-check until I left the office. I remember raising my eyes somewhat apologetically to Dr. Wang, seeking some sort of comfort and reassurance. He was silent for what seemed like an eternity, and then said softly but with much conviction, "It's all right to cry, Sally - you are truly suffering a loss of your child. I am so sorry."

Several years later, during a particularly painful ectopic pregnancy, Dr. Wang performed surgery on my 30th birthday. What could have turned into the worst birthday ever, turned into a day that gave me a renewed faith in my own strength as a human being. When the surgery was over, I remember opening my eyes to first my devoted husband and then to a devoted friend, Dr. Wang, who presented me with a birthday cake. This is a great big thank you for all the gifts you have so unknowingly given to me--hope strength and above all, the will to try again.

With the learned gift of persistence, and finally a successful pregnancy, I reflect with admiration. I now look upon my successful pregnancy, of twins, as a gift that Dr. Wang unknowingly helped to create. At every opportunity I let my twins know that Dr. Wang brought them into this world...laying them upon my chest and giving me the ultimate GIFT of life, BIRTH.

Thank you Dr. Wang, and thank you ALL for the opportunity to nominate such a dedicated man, I am proud to know.

Very truly yours, (This is one of the nomination letters
Sally Zarlengo received by the District recognizing
January 18, 2002 Doctor Wang's compassionate,
dedicated care of his patients.)

CONGRATULATIONS To OUR FIFTY-YEAR MEMBERS 1952 - 2002

Thomas A. Doe, M.D.
Joseph W. Kresock, M.D.
Robert A. Grugan, M.D.
Rocco A. Verrilli, M.D.

The Fifty-Year Members will be presented their awards at the Annual Meeting, May 14th, 2002, at the Delaney House.

Hampden District Medical Society Forms Interpspecialty MassHealth Task Force

As a result of increasing concerns regarding MassHealth, the Hampden District Medical Society has formed a task force comprised of sixteen physicians and staff members to review unique and common issues regarding care of patients and administrative dealings with this program.

MassHealth is one of the state's largest budget items. Currently, one sixth of Massachusetts' citizens receive their health care through MassHealth. The state's current financial crisis has resulted in the cessation of Medicare crossover payments and a reduction in fees. Tobacco tax dollars, originally reserved exclusively for healthcare, have been reallocated. Additionally, the Division of Medical Assistance (DMA) is seeking recoupment of payments of millions of dollars from medical practices.

The purpose of the task force is to educate each other, MassHealth administration, and the state government and legislative body about the difficulties encountered in caring for MassHealth patients under the current setting.

Since members of the task force represent primary care, surgical, and subspecialty disciplines, balanced and diversely representative perspectives will be voiced. Office staff members can discuss administrative and financial concerns, aspects of which practitioners may not be aware.

A summary report will be presented to DMA Commissioner Warring, Governor Swift and the Massachusetts Medical Society.

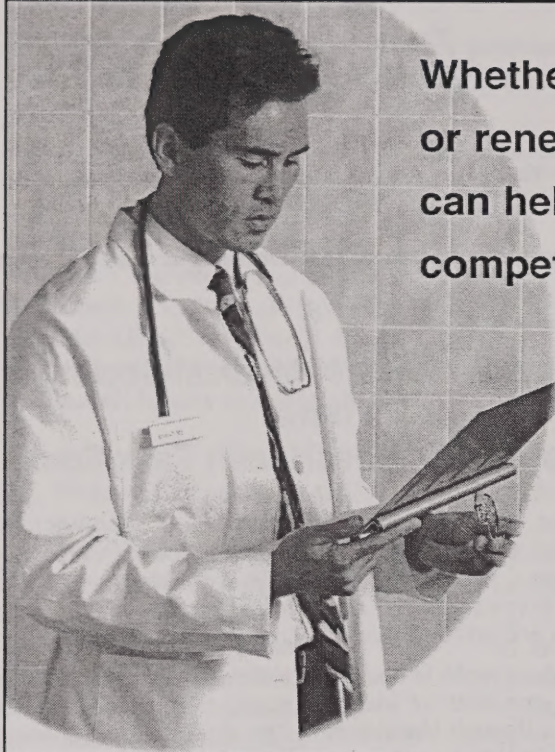
On April 1, 2002, Massachusetts Medical Society President, Francis X. Rockett, MD met with Commissioner Warring and members of her staff to discuss concerns about MassHealth. While some positive changes were discussed, there remain many issues that must be addressed.

Although the issues may be different than those discussed on April 1st, the task force report will serve as a restatement that serious problems exist with this essential program. Only the persistent pursuit of reform of MassHealth will protect access of our patients to medical care.

James Wang, MD

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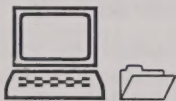
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Fax (413) 734-4007

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Douglas W. Stiles, Treasurer



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- 28 Appleton Street
- Holyoke, MA 01040
- (413) 534-5691

**Ninth Annual Forum for
Physicians and Attorneys
March 5, 2002
Class Actions against HMO:
Pros and Cons**

Speaker: Tim Norbeck

Executive Director, Connecticut State Medical Society

The veteran *Washington Post* columnist, Mary McGrory, makes no bones about how she feels about managed care. She said that, "The HMOs have been trying to persuade Americans not to get sick, or, if they insist on doing so, to have the decency to drop dead and spare their insurers a great deal of expense."

Patients are sick people who are forced to trust, and all of us are patients sooner or later. And too many of us come to discover too late in our dealings with insurers that what the large print giveth, the small print taketh away. Let us remember that these are the same folks who brought us drive-through deliveries and 24-hour mastectomies. But the pressures on physicians and their discontent are dividing them at the very time that they must be together:

There is a story in which upon their very entry into World War II, the Russians invented the dog mine. The plan was to train dogs to associate food with the undersides of tanks in the hope that they would run hungrily beneath the advancing Nazi Panzer division. Bombs were then strapped to the dogs' backs. However, there was only one hitch in the plan. The dogs associated food solely with Russian tanks—and with predictable results. These "dog mines," with bombs on their back, forced an entire Soviet tank division to retreat after considerable damage was inflicted. Similarly, physicians must not allow themselves to be destroyed from within the House of Medicine.

In the 35 years that I have been working with and for physicians in this Federation of Medicine, I have never before seen them so disillusioned—so disheartened—so distraught—their spirit broken.

Since our HMO lawsuits brought a year ago on St. Valentine's Day, I have had the opportunity to travel throughout this country discussing the situation with the physician leadership of other medical societies. As we have maintained all along in those suits—our complaints against the HMOs are not indigenous to Connecticut, but exist in every state.

As one New York physician put it: "It isn't just one HMO; they're all arrogant about overruling our medical judgment and denying our requests for authorization. They think they are in charge...and they are. Most doctors are too intimidated to fight back."

An Illinois physician likened the despair to the five stages of response terminally ill patients are said to go through in accepting the reality of what faces them—you know them as denial, anger, bargaining, depression and sometimes acceptance.

A California physician, forced by the times to move to Dallas, expressed his frustrations this way. "Physicians used to be high priests practicing an arcane art with unlimited autonomy. Now we're the customer-service representatives of a sprawling bureaucracy, meting out small helpings of treatment under the constraints of a web of rules and jargon. We're 'health care providers,' in the same sense that the lady on the phone at the Sprint help desk is your 'long-distance provider!'"

During a House of Delegates discussion in another state over whether or not to join our lawsuits, one physician said that he

feared that HMOs would get mad at the state medical society and physicians if they sued.

It was kind of like the old story of the two men condemned to die by the firing squad who were asked by the commandant as he adjusted their blindfolds if they had a last wish. "Yeah," one of them spoke up, "Why don't you go to Hell." "Be careful what you say," the other admonished him, "you don't want him to get mad at us."

And then there is the physician speaking for so many of his colleagues throughout the country, who sounded just like George Washington at the end of every military dispatch he sent from his Valley Forge encampment to the Continental Congress: "Is anyone there? Does anybody care?"

Those are all good reasons why we brought our legal actions against the HMOs.

We are there, and we do care.

I know of no better story to best characterize the feelings of America's physicians—not just Connecticut physicians but all physicians who see patients—than to tell you of a true story from about 200 years ago.

The U.S. Federal Government sent General Benjamin Lincoln to negotiate a peace treaty with the Creek Indians. The chief greeted the general and asked him to sit down next to him in the middle of a very long and narrow log. After sitting down, Lincoln was asked to move over. In a few moments, he was asked to move still further. The request was repeated several more times until the general reached the end of the log. Whereupon the chief said: "move further." The general, clearly annoyed by now, replied: "I can move no further." "Just as it is with us," said the chief, "you moved us all the way back to the water and then you asked us to move further."

Physicians do not want to move any further.

As that great champion of liberty and justice, Edmund Burke, once said, "There is a limit, at which forbearance ceases to be a virtue," and I can tell you that physicians have, indeed, reached that limit.

In Connecticut, we asked ourselves four very important questions.

Why do HMOs arbitrarily delay, deny, downcode and bundle physician claims? The answer, of course, is because they can.

Why do HMOs ignore managed care reforms enacted by concerned legislatures all over the country—including Massachusetts? Because they can.

Why do HMOs offer physicians one-sided, coercive and unfair contracts? Because they can.

And why do HMOs overrule medical necessity decisions made by you physicians and your colleagues around the country who spend one-third of your lives in formal education so you can do the best possible for your patients?

Because they can.

There is a time to communicate and negotiate, a time to legislate and regulate. We had tried them all.

There is also a time to draw a line in the sand and fight, and that time had come for us. We had made good faith efforts to resolve our many differences with insurers in the cradle of the insurance industry called Connecticut, but we learned that when you put a limit on what you will do, you have put a limit on what you can do.

Silence gives consent. And as Churchill reminded us: When the eagles are silent, the parrots begin to jabber—a real truism in medical society affairs.

Our state legislators had listened to the concerns of Connecticut physicians and patients—their constituents—and stood tall and passed managed care reform measures, just as you have in Massachusetts and the other states. The purpose of the legislation was to hold HMOs accountable. That good

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work was helpful and appreciated, but it did not put an end to other abuses in our increasingly dysfunctional health care system, which is dangerously out of balance.

You can pass a law or many laws, but what good are they if they are brazenly, purposely and blatantly ignored?

So on February 14, 2001, the Connecticut State Medical Society filed class action lawsuits against the 6 largest health plans in Connecticut State court—and added a 7th this past July.

The lawsuits allege that these health plans systematically breach the terms of their contracts with physicians and engage in illegal policies and deceptive practices.

These suits take direct aim, at health plan policies and practices that place critical medical care decisions in the hands of insurance company bureaucrats instead of physicians where they belong.

The HMO response was twofold and would have been almost humorous if they were not so annoying.

The industry pointed to the progressive managed care reforms passed by the Connecticut General Assembly as some kind of defense to our actions.

"Why sue," they ask, "if we in Connecticut have such good legislative reforms."

Why indeed? What they didn't say is that they fought tooth and nail against each and every one of them, measure by measure, before they were enacted. Now they wanted to hide behind them.

The answer is that many of the reforms are simply ignored by the HMOs. The legislature did a wonderful job in providing their constituents with managed care protection and helped physicians and other caregivers as well with prompt payment legislation, but they cannot force insurers or HMOs to adhere to them.

Their second response was also predictable, "Why don't we talk further," they asked?"

The reason that further talk is fruitless is that it is impossible to play cards with someone who holds nothing but trumps. And is there anyone, anywhere who doesn't believe that harsh reality—that insurers do, in fact, hold all the trump cards? Certainly not physicians, and you know what they say about compromise: The lion and the lamb can lie down together, but the lamb won't get much sleep.

The supreme power of the health insurance industry today reminds me of an old comment Joseph Stalin made when Lenin's widow started to complain. "If Lenin's widow does not behave," Stalin said, "we will appoint someone else as Lenin's widow." Unfortunately, many physicians have been thrust in that same position.

The CSMS lawsuits are the right action, at the right time, by the right people for the right reasons.

We can no longer go on promises. . .that things will get better, that legislation or regulation will solve our problems; that somehow—some way—something will come along and save the profession and the patient/physician relationship.

We need to understand that the knight in shining armor is not coming. Not now. Not ever.

We must act to solve our own problems.

Why did we sue?

A letter I saw in a British publication is relevant. "Look here, Your Lordship," it began. "You have broken my business, you have ruined my home, you have sent my son to prison and my wife to a dishonored grave. You have seduced my only daughter. But be careful, Lord FitzWallop, I am a man of quick temper. Do not push me too far"....

Metaphorically speaking, isn't that the same pathetic situation physicians find themselves in today?

Haven't physicians been pushed to the limit?

In the marketplace of Athens, a fellow citizen asked the philosopher Thucydides, "When will justice come to Athens?" And Thucydides replied: "Justice will not come to Athens until those who are not injured are just as indignant as those who are injured."

That day has arrived for managed care.

It is not only physicians, of course, who are angry and filled with, dismay; it is also their patients—and the public's recognition that eventually, they will all be patients someday. Physicians and patients need to know:

We sued for the pediatric oncologists who had their fees arbitrarily slashed by 50%, but who remained in their miserable contracts with the insurer because they couldn't bear to look the mothers in the eye and tell them to find another physician for their gravely ill children.

We sued for all the physicians who have spent one third of their lives in formal education only to have their determinations of medical necessity overturned by someone whose only knowledge of the patient was a general guideline.

We sued for all the physicians who have waited interminably; it seemed, to get needed procedures approved.

We sued for all the physicians who have had their claims arbitrarily delayed, denied, down coded or bundled.

And we sued for all the physicians who labor in those patient trenches every day who are forced to live in a nether world where insurers can, at their whim and fancy, alter the rules and change the conditions of already unfair and coercive contracts. As the Hartford Courant, the nation's longest continuously published newspaper, acknowledged in an editorial five days after our press conference: "the complaints have been so loud and frequent that it's become obvious the system has serious flaws."

The lawsuits will have served a useful purpose if they force the HMOs to finally take the myriad complaints more seriously."

Our message to insurers is that we are not trying to destroy them—but...health insurers should facilitate the quality of care—not undermine it. Insurers must be balanced and not heavy-handed.

There needs to be a new order where the people who receive the care and those who render it are once again respected and recognized as the most important and vital components in that care—that the sacred physician/patient relationship is honored, safeguarded and strengthened—and that, once again, physicians make medical decisions that stick. And that is our bottom line drawn in the sand!

You are probably thinking right now that it sounds good, but it is just a pipe dream—unattainable.

You should know that already other state medical societies have joined us in this crusade—in their own state courts—and still others show great interest in our approach. We are not going to go away.

This is not a pipe dream—we are going to alter the face of medicine. But the time to step up for physicians and their organizations is now. The times dictate unity and strength. The meek shall inherit the earth, if that's all right with you approach is a non-starter on the managed care battlefield.

Connecticut born P.T. Barnum, the great showman and a mayor of Bridgeport and a Connecticut legislator used to exhibit what he advertised as a "happy family." This family consisted of a lion, a tiger, a wolf, a bear, and a lamb, all living together in one cage. "Remarkable," said a visitor to Mr. Barnum. "How long have these animals lived together this way?" "Eight months," Barnum replied. "But occasionally we do have to replace the lamb."

There can be no such lambs in medicine—not with the battles we must fight today.

But I'm also here to talk a little bit more about the physician's
(continued page 9)

practice environment—and it isn't good, as every single physician in this room can attest. In those 35 years of working with and for physicians, I can never remember four issues of such magnitude-affecting physicians at once:

- 1) the flawed Medicare payment formula for physicians,
- 2) the professional liability premium crisis,
- 3) the HIPAA regulations that generate the need for a compliance officer in each medical office (plus other costly measures),
- 4) and the continued managed care squeeze.

As a result of these issues, physicians' reimbursements are dropping and their overhead is soaring.

The Medicare payment system has resulted in a 5.4% cut in Medicare reimbursements as of January 1, 2002. Managed care companies often tie their payment formulas to Medicare, so Medicare payments will also affect those reimbursements. This problem is exacerbated by increases in practice expenses, which are predicted by experts to increase by more than 6% this year. As a result, physicians will be incurring a loss of 11.4% in 2002.

Those losses cannot continue without causing great financial strain for physicians and inevitably resulting in reduced access to care for patients. It's a bomb waiting to explode. Throw in reduced Medicaid reimbursements, ridiculously low to begin with, the rapidly escalating professional liability premiums, plus complying with regulations and managed care hassle factors, and some physicians will have to cease practice or relocate.

In 1997, physicians' median annual income was \$164,000. Since then it has probably gone down as their hours and frustrations have grown.

I'm very tired of hearing criticisms about physicians' income. I don't hear lawyers apologizing for their incomes—and they shouldn't. I don't hear others in society who makes far greater amounts—and who do not begin to bear the overall responsibilities of physicians—apologize.

Why is \$100,000 or \$200,000 excessive for a physician, but reasonable for airline pilots, engineers and salesmen? People in mid-management positions in corporations including HMOs earn that much or more, and no one ever talks about that. I'm sick of it, and I'm sure you are, too.

The worst problem of all and unlike years past—and I hear this from physicians all over the country—is that there is no way for them to pass on these increased practice costs.

And HMOs complain because physicians resent the late payments? After our press conference, we were asked to address the West Hartford, CT Rotary Club, right in the den of the business and insurance industry of Connecticut—and expected a huge fight.

We began our presentation by saying. "You know, physicians are just like you, small business men and women, with payrolls to meet and bills to pay—just like you. How would you feel if your bills for services rendered or products delivered were deliberately delayed, denied, or reduced for no legitimate reason? How would you feel if you were forced to sign unfair coercive, one-sided contracts? To walk away from them is to walk away from their patients. Are physicians supposed to apologize for the expectation of being paid on a timely basis? We don't see insurers apologizing or tolerating delays in collecting their premiums."

We also talked about how patients have become commodities to be bought or sold to the lowest corporate bidder. We talked about the terrible impact on patient care HMOs have when overruling physician medical necessity decisions.

Those businessmen and woman nodded in agreement—because we resonated with them. I am confident that physicians and patients will find relief through our lawsuits.

I am confident that Congress will address the Medicare payment crisis.

I am confident that somehow, someday, we will find some relief in the liability premium crisis—but there are so many complex factors involved that there is no quick fix possible.

But most of all, I am confident in the ability of our physicians to step up, as they always have, and continue putting their patients first—despite the bottom line pressures of managed care and the crushing multitude of other problems.

I'm reminded of the story of the oyster and the eagle.

When God made the oyster, the story goes, "He guaranteed its absolute economic and social security. He built the oyster a house, its shell, to shelter and protect it from enemies. When hungry, the oyster simply opens its shell and food rushes in. The oyster has freedom from want."

But when God made the eagle, He declared: "The blue sky is the limit; build your own house. So the eagle built on the highest mountains where storms threaten every day. For food, the eagle flies through miles of rain and snow and wind. The eagle, not the oyster, is the symbol of America."

Managed care is like the oyster. It doesn't have to struggle for anything: it opens its mouth, and revenue from premiums comes rolling in. If profits are down, simply raise premiums, ratchet down physicians' fees and issue more denials. Medicine is like the eagle.

You physicians and your colleagues are the ones who struggle.

You're the ones in the trenches.

You're the ones seeing the patients and you're the ones facing the adversities.

Nothing comes easy to you.

But like America, the medical profession and its patients will prevail.

Like America, your role is simply too important to fail.

What other profession can give life back to those people who are near death?

What other profession has the responsibility of helping a person and his or her family through the horror of a cancer diagnosis?

What other profession has the compassion and knowledge combined to help people live and die, with dignity?

Physicians are going to win their autonomy back because your patients know that you must! But you are not going to get it without committing yourselves and your organization to a major fight!

In closing, many physicians are in despair today, and that should be of considerable concern to everyone.

I believe that insurers and HMOs will keep on pushing physicians around for as long as we allow them to do it.

I do not want physicians to be chattels, bought or sold in a doctor's auction.

I do not want physicians to be so hassled that they have little time for their patients.

I do not want physicians' medical judgment to be subservient to some bureaucrat's rigid adherence to the bottom line.

I do want physicians who are happy and proud again being physicians—and physicians who feel good about their role in society, and whose medical judgments prevail in medical decisions.

That—ladies and gentlemen—is essential to good patient care. I believe that our effort will accomplish that.

This time that legal system—which many physicians feel has failed them—is going to work for physicians and patients. We don't have to accept the way things are—and we won't.

To the Hampden District Medical Society:

The appended letter to MassHealth's Commissioner Wendy Waring was shared with the leadership of the Massachusetts Medical Society. Along with several other practices in our region, we received a demand letter regarding the billing and payment for services rendered since 1998, when our practice was organized.

Actually, some practices have received demands dating back to 1997. MassHealth has reviewed certain cases, and it has claimed that it overpaid. MassHealth then takes back the money as a demand from current reimbursement, allowing the practitioner to appeal for restoration of funds.

Actually, for my group, the amount of money is not terribly large, but the principle involved here is huge. We did the work honestly and the patients were generally very ill. One of the cases involved a femoral artery blowout from an infected dialysis graft. Another patient had bilateral emboli after a cardiac arrest. Other cases involved the management of severe diabetic foot infection with ischemia. We believe that doctors must protest this behavior from MassHealth vigorously and in the public's eye. With such protests, each physician and group must evaluate the economic impact of MassHealth's actions. If there are economic responses, they should be enacted practice by practice. We have never advocated leaving MassHealth, because the poor and uninsured will always be a part of our lives as physicians. Nevertheless, doctors may need to change how these people are managed in response to the incessant demands of all carriers and the overall reduction in reimbursement for care.

Our letter can be used as a model for your response to MassHealth. Certainly, should your practice have received such a demand letter, please do not let it go unanswered. You did the work. You would have received reimbursement under Medicare and any other carrier. MassHealth should pay you under the same rules.

Jeffrey L. Kaufman MD

March 27, 2002

Commissioner Wendy Waring
Division of Medical Assistance
Boston MA

Dear Commissioner Waring:

My office has recently taken action to appeal the appended demand notice for about \$XXXX related to MassHealth clinical activity provided by my group from 1998 to the present. The letter was dated February 18 and was received March 5, 2002. MassHealth apparently has an issue with the billing practices of my group, VSWNE. The demand claims that we did not bill our work properly. The letter cites legal language, which implies that we have potentially violated billing standards. The letter is intimidating.

We refute any allegation of wrongful billing practice at VSWNE. Our office is assiduous in its billing practices, and whenever any payment exceeds the allowable amount, we write a check immediately to the patient or to the carrier as a refund. We adhere strictly to standards under Medicare for the use of billing formatting and the use of modifiers. We claim that it is MassHealth, which is in error in its failure to adopt national billing standards in the past. It is ironic that there is a problem with the claims disputed here, because MassHealth is now forced to meet the national standards under HIPAA. We use modifiers for procedures as standardized by the AMA-CPT and CMS authorities. MassHealth has been in violation of national billing standards by its inconsistency in dealing with bilateral procedures and multiple procedures performed in the course of

a complex operation. Appended to this letter is a copy of MassHealth's own regulations on this issue, and the present demand for recoupment is a direct violation of them.

Appended to this cover letter is a case-by-case description of the services that are in dispute and the reason for provision of service in the first place. The disputed claims mainly relate to the payment for multiple

procedures or surgeries at the same setting or on the same date. Since good medical care is efficient, it is the norm in the US for doctors to try to combine as much service as possible in one session when possible. For surgeons, this is particularly important, as this reduces hospital time and anesthesia risks. Efficient practice also lowers costs for the patient, the insurer, and the provider. MassHealth has failed to recognize the standard CPT modifiers for multiple procedures for years, and it seems to have adopted a

program of paying for only the first line on an HCFA-1500 form. The rationale for this is obvious: Save money by not paying for services and hope that the practitioner does not notice this. Also, hope that the practitioner does not alter practice patterns as a response to this reimbursement policy. This type of policy was fine in the old days when there were other carriers that reimbursed handsomely, allowing for room for any practice to provide subsidized charity care for MassHealth. Gone are those days, and it is clear

that every carrier must pay its way. There are no "loss leaders" in medicine. It is particularly notable that the residual reimbursement for one of the claims disputed herein does not even meet the cost of the medication the patient received by injection in our office. It is a fallacy for anyone to believe that providers do not respond to reimbursement policies. Increasingly, practices are stressed by falling reimbursement, most notably the 5.4% reduction from Medicare this last January. Resource costs to provide care must be reduced. Practices must respond to the stepwise reductions in reimbursement that are mandated by

Medicare for multiple simultaneous procedures, just as they will respond to MassHealth's refusal to pay for any secondary procedure. Providers are increasingly splitting care into multiple sessions. For example, in response to MassHealth's refusal to recognize payment for bilateral surgery, we have adopted a policy of never doing bilateral procedures for any carrier. The only exception to this is the patient where performance of simultaneous bilateral surgery is a matter of true medical necessity. In accordance with MassHealth rules, we have only one set of standards under which we bill and perform cases, so there is no discrimination regarding any carrier.

We can only interpret the present billing issue as a mandate from MassHealth to its providers to adopt the following standards: That multiple procedures should not be done. That operations should be separated into their components to be performed each with a separate anesthetic at a separate date. That the length of hospitalization does not matter. That multiple hospitalizations are acceptable. Is this really your intention? Do you really hope to accomplish anything by encouraging increased hospital costs, increased numbers of visits to physicians, increased resource utilization, and increased inconvenience to the patient? Are you going to be able to deal with criticism by other payors when they learn what you have mandated? You, as the administration for MassHealth, have a clear choice: You can let doctors do their job efficiently and pay for their work fairly, or you can return to a standard of inefficient care from 25 years ago.

Vascular Services of Western New England has an important role in our region: We are the only group with fully board-

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certified vascular surgeons serving Western Massachusetts. We have historically never turned away any patient on the basis of payment. Nevertheless, we are not a charity, and we have and will continue to adapt our patterns of providing care to the fiscal realities in our state. We have gone out of our way to set the benchmark for vascular surgery resource utilization and length of stay for the US in all of the major areas of concern according to the Academic Health Consortium. To us, the present investigation by MassHealth is a slap in the face, insulting in that we are not recognized for our historic mission to provide all citizens of the Commonwealth with the best quality of care possible at the lowest cost. Instead of referring your beneficiaries with gangrene to emergency rooms, we have repeatedly made our offices available on an urgent basis. We have gone out of our way to shorten hospitalization for serious problems such as gangrene by offering to perform surgery on weekends and holidays. We have tried to employ non-acute-hospital settings for an increasing share of care after surgery in order to lower costs. One of the most costly types of care we provide is management of the acute, ischemic diabetic foot. We have tried to move much of this care to our office, where it is poorly reimbursed, but this has been done for the sake of the patient. What we are hearing from you is that it would be better to keep these patients in a hospital or SNF for longer. We are asking ourselves why we should continue to care for these goals of efficiency overall? The leadership of MassHealth does not care, nor do the Governor or the legislature, as best we can tell. The only goal in the midst of the current fiscal crisis is to cut reimbursement, and in the present case, to take back money for care that we legitimately provided in good faith to some very ill people.

In addition, the process behind this recoupment was abusive toward us from the start. The process of appeals has a 30-day limit. We received this notification late, after nearly 2 ½ weeks were taken up by an outrageous "computer error" on the part of MassHealth. No computer error can justify this manner of treatment, especially when we must work to the precise letter of your rules. If there was a problem with our billing, why was it impossible for someone under Dr. Hansen to call us to check that the services were indeed medically necessary for one session and properly documented? Any doctor could have determined all of this by phone in an instant, given the obvious severity of the patient's illnesses in general. Instead, you have chosen to treat us with disrespect and abuse.

MassHealth has been in the press much in our region over its failure to provide certain types of care, notably dermatology and dental. There is a budget crisis, and it is obvious that the present recoupment is a means by which someone in the infrastructure thought that some money could be returned to the budget. Clearly, the DMA expects physicians to whine, complain, and do nothing. In return, the agency will retain millions of dollars that cannot be provided by the legislature. Obviously, this is predatory action by the DMA, an abuse of those who faithfully provide service to the citizens of Massachusetts.

The types of problems that confront a vascular surgeon are serious, often life-threatening, and certainly limb-threatening. They are never inexpensive. Whoever thought that there would be a savings of \$XXXX without incurring bad will and a simultaneous increase of MassHealth's costs by many fold more was foolish. All they achieved was an action that discredited the management of the agency. We want to assure you that we tell our patients about their insurers. We have in the past and will in the future continue to give the names of the MassHealth leadership to patients, so their families can use the political arena to certify that their benefits are maintained. In addition, we will continue to remind patients that the Governor and the legislators are responsible for this agency and its problems.

To summarize: MassHealth has treated us unfairly. We will not stand to be treated with so little consideration. We will continue to take care of our MassHealth patients in good faith, but we will

continue to change our patterns of practice to reflect the message we are receiving from you.

Sincerely yours,
Jeffrey L. Kaufman MD

CC: Governor Swift, various members of the legislature and the press

Several months ago, I was forwarded a letter sent to Dr. Francis X. Rockett, President of the Massachusetts Medical Society. It was a letter from a local physician resigning from the State Society (and therefore Hampden as well). The author stated that the Society was ineffectual and failed to represent the true needs of the physicians in Massachusetts.

The author felt that little was or is being done to change the problems that result in the increasing exodus of the physicians from the State.

Quite honestly, I was upset. Not because there have not been great gains in physician relief in this State. Not because I feel things might be done differently by the Society on the State level.

Not because, change moves slowly. No.

I was upset because in the previous nine years I have been active in the District and the State Societies. I have not seen the author at a single meeting, the author's name on a single committee, on any correspondence, or even mentioned by any of the Officers or Delegates of the Hampden District. And yet, we fail to represent physicians needs.

If anyone has concerns or takes exception to the issues at hand on the Local or State level, he/she should make it known. There are literally dozens of Officers and Delegates who are willing to and expect to be approached about issues with the Local and State Societies. Please let us know.

One can not expect to be heard if one does not speak.

James K. Wang, M.D.

Welcome New Members

Medicine/Medicine/Geriatrics David Rose	Internal Medicine Tereza Hubkova Scott LeBlanc Andrew Wetstone Eric Ting Lao
Plastic Surgery Melissa Johnson	Orthopedics Robert Rice
Rheumatology Teresa Klich-Nowak	Allergy/Immunology Mahesh Bajaj
Pediatrics Joseph Pelletier Michael Freedman Elinor Kelliher Olubunmi Songonuga Greer Clarke	Ophthalmology Freeman Botnick
Psychiatry Nancy Westermann	Emergency Medicine Gordon Josephson
	Pathology Richard Friedberg

New Senior Member
William Max Cloud, MD

Hampden District Medical Society

Important Information:

1. Nomination Slate 2002-2003
2. Committee Reports
3. Annual District Meeting, May 14, 2002
 - Elections
 - State of the Society Address
 - Fifty Year Membership Awards
 - MMS/HDMS Community Clinician of the Year Award
4. MassHealth Issues
5. Fall District Meeting, September 24, 2002

The fall edition of the "Hampden Hippocrat" will be published in September 2002. Articles, announcements, interesting stories and information to share with HDMS members may be submitted for publication consideration to: "The Hampden Hippocrat" Editor, 1111 Elm Street, Suite 22, West Springfield, MA 01089-1540 or e-mail to: hampden@massmed.org

PHYSICIANS CARING FOR THE CITIZENS OF THE COMMONWEALTH

The Hampden Hippocrat Newsletter
Hampden District Medical Society
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Please contact
us with address
changes at:
413-736-0661



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